



PETITION DRIVE POLITICAL COMMITTEE
STATE OF ARIZONA
CAMPAIGN FINANCE REPORT

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OFFICE OF THE
CITY CLERK

1. Full Name of Committee
ENOUGH! - 2007 FOR 2007-I003
- Address
BOX 1321
- City
TUCSON, AZ Zip Code
85702 Phone Number
882-4184
2. Sponsoring Organization and Office
- Name of Candidate and Office Sought (if applicable)
- E-Mail Address
- Fax #

3A. ID#

4. REPORTING PERIOD (Please check appropriate box)

FILING DEADLINE

- a. ☐ 60 Days after the Date of Issuance of Petition Number by City Clerk:
For Period of _____ through _____
- b. ☐ June 30 Report
For Period of Date Ending of First Report through May 31, 2007 *July 2, 2007
- c. ☐ At the time of filing a petition filed more than sixty (60) days after the date of issuance.
- d. ☒ Thirty (30) days after the filing of the petition, except that in any case where the petition drive political committee that applied for a petition or petition number files additional signatures in response to the city clerk's certificate stating that an insufficient number of signatures has been filed with the petition, the statement shall be filed thirty (30) days after the deadline for filing additional signatures.
JUNE 1 - AUGUST 6
- e. ☐ In the case of any petition not filed with the city clerk within the deadline for filing established by the Tucson Charter or Tucson Code, all petition drive political committees shall file campaign finance reports twenty (20) days after the expiration of said deadline.
- f. ☐ Pre-Primary Election
For Period of June 1, 2007 through August 22, 2007 August 30, 2007
- g. ☐ Post-Primary Election
For Period of August 23, 2007 through October 1, 2007 October 11, 2007
- h. ☐ Pre-General Election
For Period of October 2, 2007 through October 17, 2007 October 25, 2007
- i. ☐ Post General Election
For Period of October 18, 2007 through November 26, 2007 December 6, 2007
- j. ☐ January 31 Report
For Period of June 1, 2007 through December 31, 2007 January 31, 2008
- k. ☐ Other _____

130466/3435

*Per A.R.S. 16-916(D) if the date for filing any Campaign Finance report is a Saturday, Sunday or another legal holiday, the filing deadline is the next day that is not a Saturday, Sunday or another legal holiday.

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

1. Committee Name ENOUGH 3. ID# _____
 2. Report Covering Period From JUNE 1 Thru AUGUST 6

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$25 (Total from Schedule A)	1113.14	
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	1572.00	
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b) and 4(c)] 2685.14		
(e) Refund of Contributions (Total from Schedule F-2)		
(f) Total contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		
(b) All other loans (Total from Schedule C-1)	2000.00	
(c) Total loans [add 5(a) and 5(b)]		
6. In-kind contributions (Total from Schedule E)		
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. TOTAL Receipts [add 4(f), 5(c), 6, and 7] 4685.14		
DISBURSEMENTS		
9. Expenditures for Operating Expenses (Total from Schedule D)	4684.70	
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)		
(c) Total Loan Repayments [add 13(a) and 13(b)]		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)		
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15] 4684.70		
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		
18. TOTAL disbursements [subtract line 17 from line 16] 4684.70		
19. Total Outstanding Debts owed by Reporting Candidate or Political Comm. (Schedule F-3)		
20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.		
Type or Print Name of Treasurer <u>VICTORIA FINLEY</u>		
Signature of Treasurer or Candidate or Designating Individual: _____		
Date <u>8/6/07</u>		

REV 9/04

CONTRIBUTIONS FROM INDIVIDUALS*
(More than \$25)*

SCHEDULE A

1. Committee Name _____

3. ID # _____

2. Report Covering Period from _____ thru _____

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	<div>LAST FIRST MI</div> <div>OLER LEE</div> <div>STREET ADDRESS</div> <div>207 W. DAHIL RD</div> <div>CITY STATE ZIP</div> <div>85705</div> <div>OCCUPATION EMPLOYER</div> <div>MANAGER</div>	6/10	50.00	50.00
b.	<div>LAST FIRST MI</div> <div>SOWELL RUSSELL</div> <div>STREET ADDRESS</div> <div>1133 E. EASY ST.</div> <div>CITY STATE ZIP</div> <div>85719</div> <div>OCCUPATION EMPLOYER</div>	6/20	50.00	50.00
c.	<div>LAST FIRST MI</div> <div>WEBER GERD</div> <div>STREET ADDRESS</div> <div>8923 E. DESERT PALM ST</div> <div>CITY STATE ZIP</div> <div>85730</div> <div>OCCUPATION EMPLOYER</div>	6/20	50.00	50.00
d.	<div>LAST FIRST MI</div> <div>BALDWIN HOWARD</div> <div>STREET ADDRESS</div> <div>22 E. UNIV BLVD</div> <div>CITY STATE ZIP</div> <div>85705</div> <div>OCCUPATION EMPLOYER</div> <div>ATTY</div>	6/29	50.00	50.00
e.	<div>LAST FIRST MI</div> <div>HAZEN ANNE</div> <div>STREET ADDRESS</div> <div>562 S. MEYER AVE</div> <div>CITY STATE ZIP</div> <div>85701</div> <div>OCCUPATION EMPLOYER</div>	7/3	50.00	50.00
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page line 4(a), Column A]			

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

CONTRIBUTIONS FROM INDIVIDUALS*
(More than \$25)*

SCHEDULE A

1. Committee Name _____ 3. ID # _____

2. Report Covering Period from _____ thru _____

CONTRIBUTIONS				DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR						
a.	LAST CARPENTER	FIRST 	MI 	7/4	114.14	114.14
STREET ADDRESS 1209 N. 3RD AVE						
CITY STATE ZIP 85705						
OCCUPATION CONTRACTOR		EMPLOYER 				
b.	LAST LEATHER	FIRST HELEN	MI 	7/6	50.00	50.00
STREET ADDRESS 5247 E. 6TH ST						
CITY STATE ZIP 85711						
OCCUPATION 		EMPLOYER 				
c.	LAST LUTZ	FIRST DAVID	MI 	7/9	100.00	100.00
STREET ADDRESS BOX 1401						
CITY CORTARO STATE ZIP 85652						
OCCUPATION 		EMPLOYER 				
d.	LAST MARCH	FIRST MARIE	MI L	7/9	28.00	28.00
STREET ADDRESS 958 N. ROSEMONT						
CITY STATE ZIP 85711						
OCCUPATION 		EMPLOYER 				
e.	LAST WILLIS	FIRST DENNIS	MI 	7/13	28.00	28.00
STREET ADDRESS 2942 N. VENICE						
CITY STATE ZIP 85712						
OCCUPATION 		EMPLOYER 				
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page line 4(a), Column A)					

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

CONTRIBUTIONS FROM INDIVIDUALS*
(More than \$25)*

SCHEDULE A

1. Committee Name _____

3. ID # _____

2. Report Covering Period from _____ thru _____

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	<div>LAST <u>WONG</u> FIRST <u>MUNNY</u> MI</div> <div>STREET ADDRESS <u>5749 S. SOUTHLAND BLVD</u></div> <div>CITY _____ STATE _____ ZIP <u>85706</u></div> <div>OCCUPATION _____ EMPLOYER _____</div>	7/13	30.00	30.00
b.	<div>LAST <u>PETERSON</u> FIRST <u>KENNETH</u> MI</div> <div>STREET ADDRESS <u>7026 N. CARIBE AVE</u></div> <div>CITY _____ STATE _____ ZIP <u>85710</u></div> <div>OCCUPATION _____ EMPLOYER _____</div>	7/17	50.00	50.00
c.	<div>LAST <u>MCCLAUGHERY</u> FIRST <u>TIM</u> MI</div> <div>STREET ADDRESS <u>4502 E. 7TH ST</u></div> <div>CITY _____ STATE _____ ZIP <u>85711</u></div> <div>OCCUPATION _____ EMPLOYER _____</div>	7/17	50.00	50.00
d.	<div>LAST <u>CUDDEBACK</u> FIRST <u>MARYANN</u> MI</div> <div>STREET ADDRESS <u>4934 E. TIMROD ST.</u></div> <div>CITY _____ STATE _____ ZIP <u>85711</u></div> <div>OCCUPATION _____ EMPLOYER _____</div>	7/17	50.00	50.00
e.	<div>LAST <u>CARMONY</u> FIRST <u>NEIL</u> MI</div> <div>STREET ADDRESS <u>2231 E. HELEN</u></div> <div>CITY _____ STATE _____ ZIP <u>85719</u></div> <div>OCCUPATION _____ EMPLOYER _____</div>	7/20	50.00	78.00
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page line 4(a), Column A)			

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

CONTRIBUTIONS FROM INDIVIDUALS*
(More than \$25)*

SCHEDULE A

1. Committee Name _____

3. ID # _____

2. Report Covering Period from _____ thru _____

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	<div>LAST <u>VAUGHN</u> FIRST <u>JAMES</u> MI</div> <div>STREET ADDRESS <u>100 S. ANTIETAM</u></div> <div>CITY _____ STATE _____ ZIP <u>85710</u></div> <div>OCCUPATION _____ EMPLOYER _____</div>	7/20	100.00	100.00
b.	<div>LAST <u>MORRIS</u> FIRST <u>PHILLIP</u> MI</div> <div>STREET ADDRESS <u>5931 E. ELI</u></div> <div>CITY _____ STATE _____ ZIP <u>85711</u></div> <div>OCCUPATION _____ EMPLOYER _____</div>	7/24	28.00	28.00
c.	<div>LAST <u>TAPIA</u> FIRST <u>NONA LEE</u> MI</div> <div>STREET ADDRESS <u>2407 E. WATER ST.</u></div> <div>CITY _____ STATE _____ ZIP <u>85706</u></div> <div>OCCUPATION _____ EMPLOYER _____</div>	7/24	100.00	100.00
d.	<div>LAST <u>LEDINGHAM</u> FIRST <u>GERALD</u> MI</div> <div>STREET ADDRESS <u>4164 CAM. DE LA COLINA #1</u></div> <div>CITY _____ STATE _____ ZIP <u>85711</u></div> <div>OCCUPATION _____ EMPLOYER _____</div>	7/29	35.00	35.00
e.	<div>LAST <u>GOODMAN</u> FIRST <u>JOHN</u> MI</div> <div>STREET ADDRESS <u>3014 E 1ST</u></div> <div>CITY _____ STATE _____ ZIP <u>85716</u></div> <div>OCCUPATION _____ EMPLOYER _____</div>	7/30	50.00	50.00
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page line 4(a), Column A)			

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

CONTRIBUTIONS FROM INDIVIDUALS*
(More than \$25)*

SCHEDULE A

1. Committee Name _____

3. ID # _____

2. Report Covering Period from _____ thru _____

4.	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OF CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	<div>LAST <u>SARMONY</u> FIRST <u>NEIL</u> MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
b.	<div>LAST <u>BLYTHER</u> FIRST <u>MARY</u> MI</div> <div>STREET ADDRESS <u>1576 N. RANCHO PUEBLO</u></div> <div>CITY STATE ZIP <u>85712</u></div> <div>OCCUPATION EMPLOYER</div>	<u>7/30</u>	<u>28.00</u>	<u>28.00</u>
c.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
d.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
e.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page line 4(a), Column A]		<u>1113.14</u>	

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1.

CONTRIBUTIONS of \$25 or Less - AGGREGATE TOTAL*

SCHEDULE A-1

1. Committee Name _____
2. Report Covering Period from _____ thru _____
3. ID # _____
4. Aggregate Total of Contributions of \$25 or Less

Description	Amount Received This Period	Cumulative Total This Campaign To Date
142 CONTRIBUTIONS OF \$25 OR LESS	1572	
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4 (b), Column A]	1572	6. CUMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]

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*If contributions of \$25 or less are listed with contributors name and address on Schedule A, do not include them on this schedule.

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name _____

2. ID# _____

3. Report Covering Period from: _____ thru _____

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a.	NAME, ADDRESS, CITY, STATE AND ZIP ACTION IMAGING 3776 N. 1ST 85719	6/1 6/26	155.22 147.86
DESCRIPTION OF ITEMS OR SERVICES PURCHASED PRINTING		CHECK #	
b.	NAME, ADDRESS, CITY, STATE AND ZIP U.S. POSTOFFICE - TUCSON MAIN		6/4 390.00 6/18 420.00
DESCRIPTION OF ITEMS OR SERVICES PURCHASED POSTAGE		CHECK #	
c.	NAME, ADDRESS, CITY, STATE AND ZIP KELLY PAPER 232 W GRANT 85705		6/5 129.68
DESCRIPTION OF ITEMS OR SERVICES PURCHASED PAPER		CHECK #	
d.	NAME, ADDRESS, CITY, STATE AND ZIP OFFICE MAX 860 E BROADWAY 85719		3594
DESCRIPTION OF ITEMS OR SERVICES PURCHASED ENVELOPES & OFFICE SUPPLIES		CHECK #	
e.	NAME, ADDRESS, CITY, STATE AND ZIP R.L. BURELL 301 W. HELEN 85705		6/1 355.00 6/17 522.00 6/23 234.00
DESCRIPTION OF ITEMS OR SERVICES PURCHASED PETITION CO-ORDINATOR		CHECK #	
f.	NAME, ADDRESS, CITY, STATE AND ZIP //		7/2 240.00 7/5 315.00
DESCRIPTION OF ITEMS OR SERVICES PURCHASED		CHECK #	
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (If last page of Schedule D, transfer total to Detailed Summary Page, Line 9, Column A)			—

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit.

2944-

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name _____

2. ID# _____

3. Report Covering Period from: _____ thru _____

EXPENDITURES		DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE			
a.	NAME, ADDRESS, CITY, STATE AND ZIP ERNEST BUJANDA Box 3013 85702		6/17 28.00 6/23 465.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED SIGNATURES	CHECK #	7/2 65.00 7/5 105.00
b.	NAME, ADDRESS, CITY, STATE AND ZIP MARK BLODGETT 85712 5366 E. FAIRMOUNT		6/17 266.00 6/23 260.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED SIGNATURES	CHECK #	7/2 45.00 7/5 150.00
c.	NAME, ADDRESS, CITY, STATE AND ZIP SARAH BARNHART 5324 E. 1ST ST 85711		6/17 45.00 6/23 105.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED SIGNATURES	CHECK #	7/2 105.00 7/5 75.00
d.	NAME, ADDRESS, CITY, STATE AND ZIP U.S. POSTOFFICE - DOWNTOWN		7/30 26.00
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED BOX RENT	CHECK #	
e.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	CHECK #	
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D (if last page of Schedule D, transfer total to Detailed Summary Page, Line 9, Column A)		4684.70

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit.

CITY OF TUCSON
OFFICE OF THE
CITY CLERK

OTHER LOANS

SCHEDULE C1

1. Committee Name _____

3. ID # _____

2. Report Covering Period from _____ thru _____

4.	ALL OTHER LOANS	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
a.	NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OF LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN. NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID# LOAN BY JOHN KROMKO 717 N. 7TH AVE TUCSON 85705 NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION	6/1	2000.00	2000.00
b.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID# NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION			
c.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID# NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION		OFFICE OF THE CITY CLERK	07 AUG - 7 AM 10:15 CITY OF TUCSON RECEIVED
d.	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP AND ID# NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP AND ID# DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Detailed Summary Page, Line 5(b), Column A]		2000.00	